

**MILITARY PERSONAL REGISTRATION APPLICATION**

MILITARY VOTER'S NAME: \_\_\_\_\_

MILITARY VOTER'S RESIDENCE:

I, \_\_\_\_\_, being affirmed say: I

reside at \_\_\_\_\_

Complete Street Address (including Number, PO Box) and Town, Zip Code and School District)

MILITARY VOTER'S MILITARY ADDRESS:

\_\_\_\_\_

\_\_\_\_\_ Complete Street Address (including Military Base (if applicable) Number, PO Box) and Town, Zip Code and School District)

I am a qualified voter of the State of New York and the School District in which I reside in that: I am or will be on such date, over 18 years of age, a citizen of the United States and have or will have resided in the district for thirty days next preceding such date.

I am a spouse, parent, child or dependent of a voter, accompanying or being with such voter, I am a qualified voter of the State of New York and the School District and a resident of the same school district as such voter.

I hereby declare that the foregoing is a true statement to the best of my knowledge and belief, and I understand that if I make any material false statement in the foregoing statement of application for personal registration, I shall be guilty of a misdemeanor.

Date.....Signature of Voter.....

Send to: District Clerk, Dobbs Ferry School District, 505 Broadway, Dobbs Ferry, NY 10533 or balboj@dfsd.org